

No. 99942

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99942 Office of Registrar of Vital Statistics. Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said person, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, May 21, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frederick M Rumor

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 40, Years, Months, 12, Days.

Color, White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Merchant.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, { Give Street and Number. } 300 S. Monroe St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia Typhoid fever

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Landon Park cemetery

Date of Burial, May 24 1887

{ Undertaker, Jos B Cook } M. D. J. B. Wilson

Medical Attendant.

{ Place of Business, 1003 N. Baltimore Address, 1803 N. Pratt St. }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. 99943 Office of Registrar of Vital Statistics. Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, May, 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charles H. Son of Minnie Underhake

Sex, Male ~~Female~~, { Cross out the word not required in this line. }

Age, 2 Years, 3 Months, 11 Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Chico

Occupation, Chico

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, -

Place of Death, { Give Street and Number. } S. E. Cor Enzor & East Sts

Cause of Death, { First (Primary), Second (Immediate), } Charles
Pneumonia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Louison Park

Date of Burial, May 24. 1887

Undertaker, Wm. B. Hickman M. D. A. L. S. Shertzer Medical Attendant.

Place of Business, 2340 N. Gay Address, 1102 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 99944

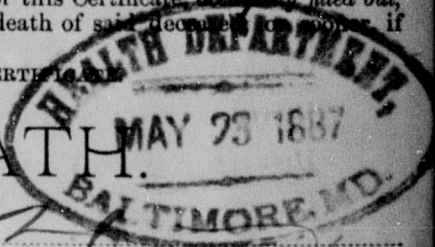
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99944 Office of Registrar of Vital Statistics. Ward 7²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *completely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 7

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H Quigley

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 1 Years, 9 Months, 2 Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1106 Enoch

Cause of Death, { First (Primary), Second (Immediate), } Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, May 22. 1887

Undertaker, Wm. E. Hickman M. D.

Place of Business, 234 N. Gay Address, 728 Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99945 Office of Registrar of Vital Statistics.

Ward 19²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, May 21st 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margarette E. Nelson

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 78 Years, - Months, - Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } widow

Occupation, -

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } German aged home W. Baltimore

Cause of Death, { First (Primary), Second (Immediate), } Old age
Gastritis

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, May 23/87

Undertaker, J. B. Cook L. E. Reinhard M. D.
Medical Attendant.

Place of Business, 1003 W. Baltimore Address, 720 N. Howard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99946 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, May 21st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosetta Mallett

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 57 Years, _____ Months, _____ Days.

Color, white

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 19 St Street Stricker

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Stomach
Exhaustion

Duration of Last Sickness, 3 years
All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 24 1887

Undertaker, Deary & Mitchell Chas E Donovan M. D. Medical Attendant.

Place of Business, 530 N Fayette Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

99947 Office of Registrar of Vital Statistics.

Ward

7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker, or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death,

May 21. 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mary E Raynor

Sex, Male or Female,

Cross out the word not required in this line.

Age, 46 Years, Months, Days.

Color,

Colored

Married, Single, Widow or Widower, Cross out the words not required in this line.

Occupation,

Laundress

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

Life Time

Place of Death,

Give Street and Number.

1306 Smith East Alley

Cause of Death,

First (Primary),

Cardiac Dropsey.

Second (Immediate),

Exhaustion.

Duration of Last Sickness,

About 5 months.

All the above information should be furnished by the Physician.

Place of Burial,

Laurel Cemetery

Date of Burial,

May 23rd 1887

Undertaker,

William Durgan

J. E. Heard

M. D.

Medical Attendant.

Place of Business,

151 East St

Address,

1610 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 16/25/2022.

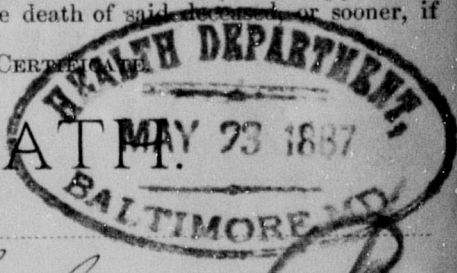
No. 99948

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99948 Office of Registrar of Vital Statistics. Ward 6^c

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH

Date of Death, May 22/87

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hahn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 11 Days.

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, V

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1916 Orleans St.

Cause of Death, {First (Primary), Meningitis
Second (Immediate),}

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 23 1887

{Undertaker, John Henning J. H. Collenberg M. D.
Medical Attendant.

{Place of Business, 2008 Orleans Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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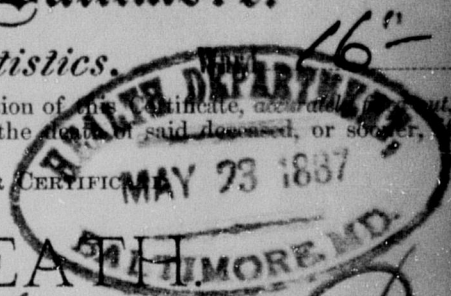
No. 77749
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99949 Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

Date of Death, May 23rd 1887

Full Name of Deceased, *Joseph A Rhinold*
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 Years, 16 Months, 16 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, _____

Place of Death, { Give Street and Number. } 516 Laresh

Cause of Death, { First (Primary), Second (Immediate), } Scrophula
Gastro-Enteritis
from bath

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 23rd 1887

{ Undertaker, Julius Kocher Herard Cook M. D. Medical Attendant.

{ Place of Business, Sharps Cross Address, 518 Museum St

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[OVER.]

No. 99950

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

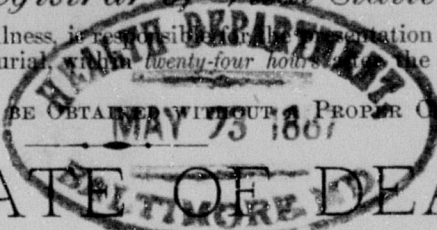
Health Department, City of Baltimore.

Permit No. 99950 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, May 21 - 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Edward Sunderland

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, Months, 3 Days.

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ☒ Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1907 Gough St.

Cause of Death, {First (Primary), Acute Abscess
Second (Immediate), Exhaustion.

Duration of Last Sickness, 9 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, May 23rd 1887

Undertaker, H. B. Dager, Atty.

Place of Business, 229 S. Bay, Address, 812 E. Baltimore St.

J. D. Hopman M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

No. 99951

Health Department, City of Baltimore.

Permit No. 99951 Office of Registrar of Vital Statistics.

Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jas Noonan

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, 2 Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒ Single

Occupation, Balto

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 312 Richmond

Cause of Death, { First (Primary), Morbidity }
{ Second (Immediate), }
8 weeks

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincent

Date of Burial, May 23rd 1887

{ Undertaker, H. Fisher & Sons } C. B. Gamble M. D. Medical Attendant.

{ Place of Business, 206 N. Townsend } Address, 925 Cathedral

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[OVER]